

UNITED STATES PATENT AND TRADEMARK OFFICE

Receipt

Applicant: Nabil A. Abu El Ata

Application No: 09/942,096

Group: 2123

Filed: August 28, 2001

Examiner: Not Assigned

For: AUTOMATED SYSTEM AND METHOD FOR DESIGNING  
MODEL BASED ARCHITECTURES OF INFORMATION  
SYSTEMS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>03-2002</u>	<u>Donna Bartolone</u>
Date	Signature
<u>Donna Bartolone</u>	
Typed or printed name of person signing certificate	

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Technology Center 2100

Assistant Commissioner for Patents  
P.O. Box 2327  
Arlington, VA 22202

Sir:

Transmitted herewith is a Preliminary Amendment B for filing in the above-identified application.

[ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	24	MINUS	* 24	0
INDEP	5	MINUS	** 5	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

\* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$ 9	\$
X	\$42	\$
+	\$140	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$18	\$ 0
X	\$84	\$ 0
+	\$280	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

[X] A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Mary Lou Wakimura  
Mary Lou Wakimura  
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Dated: 3/19/02



## UNITED STATES PATENT AND TRADEMARK OFFICE

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 COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
 www.uspto.gov


Bib Data Sheet

**CONFIRMATION NO. 6177**

<b>SERIAL NUMBER</b> 09/942,096	<b>FILING DATE</b> 08/28/2001 <b>RULE</b>	<b>CLASS</b> 703	<b>GROUP ART UNIT</b> 2123	<b>ATTORNEY DOCKET NO.</b> 3023.1002-001
<b>APPLICANTS</b> Nabil A. Abu El Ata, Omaha, NE;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/228,702 08/29/2000 AND A CIP OF 09/606,869 06/29/2000 WHICH CLAIMS BENEFIT OF 60/142,313 07/02/1999 THIS APPLICATION 09/942,096 IS A CIP OF 09/127,191 07/31/1998 PAT 6,311,144 WHICH CLAIMS BENEFIT OF 60/085,350 05/13/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/02/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NE	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 21005				
<b>TITLE</b> Automated system and method for designing model based architectures of information systems				
<b>FILING FEE RECEIVED</b> 1110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/942,096	08/28/2001	Nabil A. Abu El Ata	3023.1002-001

CONFIRMATION NO. 6177



Mary Lou Wakimura, Esq.  
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.  
Two Militia Drive  
Lexington, MA 02421-4799

Date Mailed: 03/05/2002

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**RESPONSE TO REQUEST FOR CORRECTED FILING RECEIPT**

Technology Center 2100

**Claims, Fees, Inventors and Continuity**

In response to your request for a corrected Filing Receipt, the Office is unable to comply with your request because:


- ☐ The total number of claims appearing on the Filing Receipt does not include multiple dependent claims. The total fee appearing on the Filing Receipt includes the cost of multiple dependent claims that were present at the time the application was filed.
- ☐ The filing fee is correct. It includes the surcharge under 37 CFR 1.16(e) for filing an oath/declaration or basic filing fee after the application filing date.
- ☐ The inventor information may be truncated if the family name consists of more than 50 characters (letters and spaces combined) and if the given name consists of more than 50 characters (letters and spaces combined). The inventor's residence allows for up to 40 characters (letters and spaces combined).
- ☐ The docket number allows a maximum of 25 characters.
- ☒ Continuity claimed under 35 USC 120 cannot be added to the Filing Receipt without supplying the relationship (i.e. continuation, divisional...).
- ☒ Foreign priority will appear on the Filing Receipt in the following order:  
**Country, Application number, Filing date.**
- ☐ The person signing on behalf of the deceased inventor will be reflected on your Filing Receipt as the legal representative.
- ☐ Only one character per space is allowed. Therefore, punctuation which is usually placed above or below a letter, such as an umlaut (..), cannot be included on the Filing Receipt.

Any corrections that may need to be done to your Filing Receipt should be directed to:

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231

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*A copy of this notice **MUST** be returned with the reply.*

  
\_\_\_\_\_  
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Initial Patent Examination Division (703) 308-1202

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